

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING
BOARD MEETING MINUTES**

DATE: February 19-20, 2020

LOCATION: Board of Registered Nursing
1747 N. Market Blvd.
HQ-2 Hearing Room, Ste. 186
Sacramento, CA 95834
(916) 574-7600

BOARD MEMBERS: Michael Jackson, RN, MSN, President
Donna Gerber, Vice President
Trande Phillips, RN
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Ken Malbrough
Dolores Trujillo, RN
Karen Skelton

STAFF PRESENT: Loretta Melby, Acting Executive Officer
Evon Lenerd-Tapps, Assistant Executive Officer
Ann Salisbury, DCA Legal Counsel
Stacie Berumen, Chief, Enforcement Division
Joseph Pacheco, Chief, Complaint Intake and Investigations
Shannon Johnson, Chief, Discipline, Probation and Intervention
Janette Wackerly, Supervising Nursing Education Consultant
Badrieh Caraway, Supervising Nursing Education Consultant

Wednesday, February 19, 2020-8:00am

1.0 8:00 am Open Session: Staff Presentation to Public

- 1.1 Overview of the Board's Licensure Process and Enforcement Process Related To Applicants Reporting Convictions.**
- 1.2 Questions and Answers.**

Schools Present: American River College, De Anza College, San Joaquin Delta College,

- 2.0 Call to Order, Roll Call, and Establishment of a Quorum**
Michael D. Jackson, RN, President, called the meeting to order at 9:22 am.
Quorum Established.

PRESENT: Michael Jackson, RN, MSN, President

Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Ken Malbrough
Dolores Trujillo, RN

ABSENT: Trande Phillips, RN
Karen Skelton

**3.0 Disciplinary Matters. Hearings on Petitions for:
Termination/Modification of Probation**

- Euvy Abo
- Steffany Ahn
- Ann Bakarich
- Dale Henderson
- Julie Orchard

**Ed Washington, Administrative Law Judge
Kevin Bell, District Attorney General**

4.0 Closed Session

4.1 Disciplinary Matters

The Board will convene in closed session pursuant to Government Code Section 11126(c)(3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

4.2 Pending Litigation

The Board will convene in closed session pursuant to Government Code Section 11126(e) (1), (2) to confer with and receive advice from legal counsel regarding the following matters:

- *American Career College v. The California Board of Registered Nursing*, Los Angeles Superior Court Case No. 19STCP01383;
- *The People of the State of California v. Purdue Pharma, L.P.*, Orange County Superior Court Case No. 2014-00725287; and
- *Marsha A. Johnson v. Board of Registered Nursing*, Los Angeles Superior Court Case No. 19SMCP00408

Michael Jackson, President, adjourned open session. Time: 10:38 am.
Meeting adjourned to closed session. Time: 11:02 am

5.0 Public Comment for Items on the Agenda (Gov. Code, § 11125.7, subd. (a).)

Note: The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125 and 11125.7, subdivision (a).)

No Public Comment

- 6.0 Reconvene in Open Session –
Recess until February 20, 2020, at 9:00 a.m.**
Meeting adjourned at 11:33 am.

Thursday, February 20, 2020 9:00 am

1.0 Call to Order/ Roll Call and Establishment of a Quorum

Michael D. Jackson, President called the meeting to order at 9:14 am, had the members introduce themselves, and established a quorum.

PRESENT: Michael D. Jackson, RN, MSN, President
Donna Gerber, Vice President
Elizabeth A. Woods, MSN, FNP, RN
Imelda Ceja-Butkiewicz
Ken Malbrough
Dolores Trujillo, RN

ABSENT: Trande Phillips, RN
Karen Skelton

STAFF MEMBERS: Loretta Melby, Acting Executive Officer
Evon Lenerd, MBA, Assistant Executive Officer
Ann Salisbury, DCA Legal Counsel
Thelma Harris, Chief of Legislation
Stacie Berumen, Chief Enforcement
Christina Sprigg, Chief, Licensing and Administrative Services
Joseph Pacheco, Chief, Complaint Intake and Investigations
Shannon Johnson, Chief, Discipline, Probation and Intervention
Janette Wackerly, Supervising NEC
Badrieh Caraway, Supervising NEC
Katie Daugherty, NEC
Mary Ann McCarthy, NEC

2.0 Review and Vote on Whether to Approve Minutes:

- 2.1 October 17, 2019**
- 2.2 November 13-14, 2019**
- 2.3 December 5, 2019**
- 2.4 December 20, 2019**
- 2.5 January 17, 2020**

MOTION: Michael Jackson: Motion to table previous meeting minutes to the next Board meeting, as they were not included in the materials posted on the BRN's website.

3.0 Report on Board Members' Activities
None to Report

4.0 Executive Officer Report

None to Report

6.0 Report of the Administrative Committee

Michael Jackson, RN, MSN, President, Chair

6.1 Discussion and Possible Action Regarding New Board of Registered Nursing Logo

MOTION: Kenneth Malbrough: Motion to Recommend Logo # A

SECOND: Imelda Ceja-Butkiewicz

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.0 Report of the Education/Licensing Committee

Michael Jackson, MSN, RN, Chairperson

7.1 Discussion and Possible Action Regarding Education/Licensing Committee Recommendation to Ratify Minor Curriculum Revisions And Acknowledge Receipt Of Program Progress Reports (16 CCR 1426) (Consent)

BACKGROUND: According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that ar approval
- Approved Nurse Practi category of specializati

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- University of California, Irvine Master's Entry Program in Nursing
- University of San Diego Entry Level Master's Degree Nursing Program
- National University Baccalaureate Degree Nursing Program
- Unitek College-Bakersfield Baccalaureate Degree Nursing Program
- Unitek-Fremont Baccalaureate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Mount Saint Mary's University Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- San Bernardino Valley College Associate Degree Nursing Program
- Santa Rosa Junior College Associate Degree Nursing Program
- Shasta College Associate Degree Nursing Program
- Solano Community College Associate Degree Nursing Program
- Ventura College Associate Degree Nursing Program
- Weimar Institute Associate Degree Nursing Program
- California State University Fresno, Nurse Practitioner Program
- University of Phoenix Nurse Practitioner Program Costa Mesa

Acknowledge Receipt of Program Progress Report:

- Simpson University Baccalaureate Degree Nursing Program
- Mount Saint Mary's University Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- The Marsha Fuerst School of Nursing Associate Degree Nursing Program (GCC-SD)

MOTION:
SECOND:

Michael Jackson: Motion to Recommend Acceptance
Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No public comment

7.2

Discussion and Possible Action Regarding Education/Licensing Committee Recommendations

BACKGROUND:

The Education/Licensing Committee met on January 9, 2020 and makes the following recommendations:

7.2.1 Recommend Ratification Of Applications For Prelicensure Program Continuing Approval (BPC 2788; CCR 1421, 1423)(Consent)

- Charles Drew University Entry Level Master's Program
- Loma Linda University Baccalaureate Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- Bakersfield College Associate Degree Nursing Program
- Chaffey College Associate Degree Nursing Program
- Cuesta College Associate Degree Nursing Program
- Fresno City College Associate Degree Nursing Program
- Los Angeles Valley College Associate Degree Nursing Program
- Pacific College Associate Degree Nursing Program
- Riverside City College Associate Degree Nursing Program

MOTION:
SECOND:

Michael Jackson: Motion to Recommend Acceptance
Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No public comment

7.2.2 Recommend Ratification Of Approval of a Prelicensure Program Unit Adjustment Or Other Changes (16 CCR 1426, 1432) (Major Curriculum – no enrollment increase) (Consent)

- College of the Sequoias Associate Degree Nursing Program

MOTION:
SECOND:

Michael Jackson: Motion to Recommendation Acceptance
Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No public comment

7.2.3 Recommend Ratification Of Applications For Advanced Practice Programs Continuing Approval (CCR 1480) (Consent)

- Loma Linda University Advanced Practice Nurse Practitioner Program

MOTION:

Michael Jackson: Motion to Recommendation Acceptance

SECOND:

Elizabeth Woods

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.2.4 Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program. (16 CCR 1423) (Consent)

- Compton College Associate Degree Nursing Program

MOTION:

Michael Jackson: Motion to Recommendation Acceptance

SECOND:

Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.3 Recommend Acceptance Of Program Progress Report From Prelicensure Nursing Program, East Los Angeles College Associate Degree Nursing Program. (16 CCR 1423) (Present)

BACKGROUND:

At the November 2019 Board Meeting the BRN Changed Continue Approval Status of East Los Angeles College Associate Degree Nursing Program to Warning Status with Intent to Close the Program. Monthly Progress Reports to Nursing Education Consultant, Present at All ELC Meetings During Period Of Warning Status (October 2020). College Shall Conduct a Comprehensive Program Assessment to Identify Variables Contributing to the Substandard Pass Rate and Shall Submit a Written Report to the Board. The Report Shall Include the Findings of the Assessment and a Plan for Increasing the Pass Rate Including Specific Corrective Measures to be Taken, Resources, and Timeframe.

NON-COMPLIANCE:

1. 1424(e) The director and the assistant director shall dedicate sufficient Time for the administration of the program.

The Director and the Assistant Directors do not have sufficient release time for the administration of the program. (2019)

Current Response

- ❖ The Director of the Nursing program is actively engaged in her
- ❖ role at 100% release time to administer the ELAC Nursing

- ❖ program.
- ❖ Two new Assistant Directors will have 40% release time each.
- ❖ This is 14 hours per week. This is an increase from the January report.

2.

1424(f) The program shall have a board-approved assistant director who is knowledgeable and current regarding the program and the policies and procedures by which it is administered, and who is delegated the authority to perform the director's duties in the director's absence.

Related section 1424(e) The Assistant Directors do not have sufficient release time to become knowledgeable and current regarding the process and procedures by which the program is administered. (2019)

Current Response

- ❖ As of 1 January 2020 Assistant Directors, Martha Garcia, MSN, FNP, and Assistant Director Kimberly Knight, MSN, FNP received release time at 0.4 based on the 35- hour work week which is fourteen (14) hours per week. Both Assistant Directors have met with the outside consultant Ms. Cathy McJannet to get individual assignments to address immediate needs in the department.
- ❖ Both Assistant Directors will be working up to 60%.
- ❖ Ms. Knight, Assistant Director will be attending the COADN in the spring with the Director, however both Assistant Directors will be attending the COADN meeting in the fall. It's important that both individuals spend as much time as possible to become acquainted with their roles as succession planning is a reality.

3. **1424(b)(1) The nursing program shall have a written plan for evaluation of the total program, including admission and selection procedures, attrition and retention of students, and performance of graduates in meeting community needs.**

Total Program Evaluation Plan is not consistently being implemented. Process needed for analysis, utilization, and reporting of program evaluation data; specifically, enrollment, attrition, and completion data. (2012, 2013, 2017, 2019)

Current Response

- ❖ Assistant Director, Martha Garcia has agreed to be the lead for the Total Program Evaluation plan. Ms. Garcia has begun to work on a template for setting up a program evaluation plan that is a living document that provides real time data and analysis to facilitate program improvement that is data driven.
- ❖ **The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes, and Mountain Measurement outcomes.**
- ❖ **Ms. Garcia will have the faculty complete end of semester reports to include information at the end of each semester**

that will include information about courses taught; recommendations for improvement; clinical experiences with recommendations related to facility, objectives met R/T course SLOs, etc.; list of scholarly activities for each semester including CEs, conferences attended, etc. and how clinical competency is maintained. The first report will be completed by faculty May 2020.

4.

1431. Licensing Examination Pass Rate Standard

The nursing program shall maintain a minimum pass rate of seventy-five percent (75%) for first time licensing examination candidates.

NCLEX pass rate <75%. Eight out of the Ten last academic years (2010, 2011, 2013, 2014, 2015, 2016, 2017, 2019)

Current Response

Working on curriculum, changing structure, identifying faculty who sincerely want to be successful, utilizing Mountain Measurements, Kaplan and other tools that lead to success should bring faculty together to get the job done.

The message to students in preparation for the NCLEX is that they must be prepared to sit for the NCLEX within thirty (30) days of completing the program.

- ❖ The department has reinstated Mountain Measurement Reports in order to provide an in-depth analysis of curriculum R/T student performance on the NCLEX.
- ❖ The entrance program GPA has been changed to 2.5 and is posted on the ELAC website.
- ❖ The State California Community College State Chancellor's Multicriteria Points Formula became effective 31 December 2019 so that the program will no longer utilize random selection nor maintain a wait list for entry into the program. This information is posted on the website. (see attachment)
- ❖ Kaplan consultant Ms. Schou will be meeting with Assistant Director Kimberly Knight within this month to ensure maximum support and utilization of learning/testing resources for students.
- ❖ Ms. Knight will track and document outcome data with a goal of providing interventions and remediation in identified areas of weakness for the individual students. Ms. Knight will ensure the program follows the policy related to use of Kaplan within the program.

5.

1424(d) The program shall have sufficient resources, including faculty, library, staff and support services, physical space and equipment including technology, to achieve the program's objectives.

The program does not have sufficient faculty, staff and support services, and equipment to achieve the program's objectives. The lab space lacks sufficient supplies and has several pieces of equipment and mannikins in need of repairs and maintenance. (2012, 2013, 2017, 2019)

Current Response

Ms. Wynne, the Lab. Coordinator welcomed the New Nursing

Instructional Aid, Ms. Bradley on 13 January and it appeared to be a good fit for both of them instantly. Ms. Wynne is orienting Ms. Bradley to the environment and the department. Ms. Bradley is energetic and excited to be a part of ELAC, she has previous experience working in a Nursing Learning Laboratory that she brings with her from LA Trade Technical College (a LACCD sister college).

- ❖ There are now two RNs in the Nursing Learning Laboratory to keep the Lab. open days, evening, and weekends as a result of the new hire for the full-time
- ❖ The Lab. is waiting for the delivery of items that were ordered 13 January (see attachment).
- ❖ In preparation for future simulation equipment faculty attended a simulation demonstration on campus 28 January along with Vice President Ornelas. The program will continue to review need for more equipment that will enhance student learning.
- ❖ Administrative approval given for the program to hire a full-time Psychiatric Mental Health faculty position, hopefully to be filled
- ❖ for fall 2020. The position for the spring closes on 14 February, hopefully the pool will be adequate for interviews. Adding one
- ❖ new full-time position in the spring and one full-time faculty in
- ❖ the fall would increase full-time faculty number to eleven (11).

6. **1424(h) The faculty shall be adequate in type and number to develop and implement the program approved by the board and shall include at least one qualified instructor in each of the areas of nursing required by section 1426(d) who will be the content expert in that area. Nursing faculty members whose teaching responsibilities include subject matter directly related to the practice of nursing shall be clinically competent in the areas to which they are assigned.**

The program lacks a sufficient number of qualified full-time faculty to achieve program objectives, one Nursing faculty member and DON whose teaching responsibilities include subject matter directly related to the practice of nursing are not able to prove recent clinical competency in the areas to which they are approved, and one Nursing faculty member whose teaching responsibilities include subject matter content expert directly related to the practice of nursing does not meet regulatory requirements. (2013, 2019)

Current Response

Current Number of Nursing Faculty and Content Experts

Number of Instructors		Number of Assistant Instructors		Number of Clinical Teaching Assistants	
Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
9	5	0	1	0	0
Medical Surgery	Obstetrics	Pediatrics	Mental Health/Psych	Geriatric	

*Kimberly Knight	Martha Garcia	*Jade Valmonte	Jack Duncan	Rachel Plotkin Olemuse	
*Content Expert as of 28 January 2020					

7. **1426(b) The curriculum shall reflect a unifying theme, which includes the nursing process as defined by the faculty, and shall be designed so that a student who completes the program will have the knowledge, skills, and abilities necessary to function in accordance with the registered nurse scope of practice as defined in code section 2725, and to meet minimum competency standards of a registered nurse.**

The current curriculum as taught does not provide the structure and content to ensure that students have the knowledge, skills and abilities necessary to function and to meet the minimum competency standards of a registered nurse. (2013, 2019)

Current Response

The curriculum has been reviewed by Mary Cox she has met with Assistant Director Kimberly Knight to set up a meeting with faculty to do the in-depth review of the current curriculum structure. Due to a lack of responsiveness to the request for a meeting before the spring semester begins, I am setting up a mandatory faculty meeting that will be conducted by Ms. Mary Cox so that there all faculty will be required to attend on 10 February 2020. The goal is to immediately and aggressively create a curriculum that will be ready for implementation fall 2020.

- ❖ All faculty must come prepared to openly and honestly share what they're really teaching to reflect leveling and eliminate redundant presentations/delivery so that students feel more prepared as they move through the curriculum. Ultimately this process helps to build confidence and readiness to take and pass the NCLEX on first attempt.
- ❖ Faculty who lecture will be required to bring documentation of the content that they are actually teaching.

Ms. Cox will help faculty see how what is currently in use can be revised to reflect an enhancement of content, leveling, and delivery.

RECOMMENDATIONS:

1. **1424(b) The policies and procedures by which the program is administered shall be in writing, shall reflect the philosophy and objectives of the program, and shall be available to all students.**

Related Section 1425.1(a) Refer to the section. Kaplan Test Prep not administered by faculty as written. (2012, 2017, 2019)

Current Response

All students have received the addendum to the Student Handbook December 2019 reflecting changes that have been implemented.

Kaplan Remediation tool created for faculty use to enhance student academic and clinical performance. (See attachments)

2. **1424(c) There shall be an organizational chart which identifies the relationships, lines of authority and channels of communication within the program, between the program and other administrative segments of the institution with which it is affiliated, and between the program, the institution and clinical agencies.**

Please update the org chart to reflect the current process (2019)

Current Response

The organizational chart has been completed and approved.

3. **1425(f) A content expert shall be an instructor and shall possess the following minimum qualifications:**

related to 1424(h) Nursing administration needs to ensure through a record keeping process that Nursing faculty members whose teaching responsibilities include subject matter Content Experts maintain clinical competency in the areas to which they are assigned. (2013, 2017, 2019)

Current Response - See faculty table above. NEC requesting a living table reflecting all faculty

4. **1425.1(a) Each faculty member shall assume responsibility and accountability for instruction, evaluation of students, and planning and implementing curriculum content.**

Faculty need to continue to integrate Kaplan Test Prep across the curriculum. Students need to know why Kaplan Test Prep is important starting in the first semester. Faculty need to believe in the NCLEX test prep product the College is using and promote this enthusiasm to the students. Faculty need to work collaboratively to ensure consistency between courses (2012, 2017, 2019)

Current Response

Kimberly Knight, Assistant Director is the lead person working with Kaplan consultant Ms. Schou to ensure maximum support and utilization of learning/testing. (See attachments Ms. Knight has established and discussed with Ms. Schou).

- ❖ Kaplan recommendation 10% of course grade be assigned to
- ❖ Kaplan (which was previously done) which Kaplan identifies as common practice and motivation of student performance.
- ❖ Kaplan to provide a faculty item writing workshop later spring 2020.
- ❖ Ms. Knight to ensure (with support) the program follows the policy related to use of Kaplan within the program.

5. **1425.1(d) Each faculty member shall be clinically competent in the nursing area in which he or she teaches. The board document, "Faculty Remediation Guidelines" (EDP-R-08 Rev. 02/09), which provides guidelines for attaining and documenting clinical competency, is herein incorporated by reference.** DON is able to prove clinical competence for her faculty after a rigorous documentation process. Discussed developing a process of record keeping and using a 'living document' that faculty keep current and update with their CEUs as they are obtained, any work history, and current theory and teaching assignments.
- College Administration Report**

Plan for Increasing the Pass Rate from the College Level

The College is currently waiting for Ms. McJannet's final comprehensive program assessment report which we anticipate will be completed shortly after her February 18-20 visit. In the meantime, the College is planning on the following measures:

- Improving admissions criterion
- Hiring of at least two new faculty
- Implementation of Kaplan test-taking tools/strategies
- Nursing director dedicated to program at 100% (no teaching)
- Dedicate two assistant directors effective January 2020, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- Invest in fully functional equipment and supplies for the nursing lab
- Consistently engage faculty in the program evaluation plan at the end of each semester

Specific Corrective Measures to be Taken

- The entrance GPA has been increased to 2.5.
(<https://www.elac.edu/Academics/Departments/Nursing/Application-Procedure>)
- The multi-criteria point system has already been agreed to and posted on the college website (<http://elac.edu/ELAC/media/ELAC-Assets/Documents/Academics/Departments-Disciplines/Nursing/ELAC-multicriteria-points-formula.pdf>).
- The College has already eliminated the previously existing waitlist.
- One of our assistant directors, Ms. Kimberly Knight has been identified as the lead faculty member responsible for integrating Kaplan tools/strategies into the curriculum.
- Effective January 1, 2020, the nursing director dedicated to program at 100% (no teaching).
- Effective January 1, 2020, the college has dedicated two assistant directors, each with 40% reassignment. The College will add additional reassignments to assistant directors and to other faculty members to work on the curriculum they decide on and the implementation of that curriculum.
- Lab equipment and supplies have already been ordered for the nursing lab.
- One of our assistant directors, Ms. Martha Garcia has been identified as the lead to consistently engage faculty in the program evaluation plan at the end of each semester. The evaluation plan will include a minimum of the following: NCLEX pass rate, attrition/completion, employment, curriculum outcomes, Kaplan outcomes and Mountain Measurement outcomes.

Continuing Education & Workforce Development Report

NEC has been provided the following lists that will be updated monthly regarding NCLEX, including current students, graduates, and alumni. This contact is to help and engage students through the licensing exam. Due to confidentiality, the actual reports will not be shared.

Current Students Contacted = 140	18 Responded to date
Recent Graduates October and December 2019, Contacted = 29	4 have not responded
Alumni since 2009, Contacted = 291	58 have passed the NCLEX

MOTION:
SECOND:

Michael Jackson: Motion to Recommend Acceptance of Progress Report
Donna Gerber

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.4

Recommendation To Change Status Of Prelicensure Nursing Program, Los Angeles City College Associate Degree Nursing Program To Warning Status With Intent To Revoke Approval. (16 CCR 1423.2) (Present)

BACKGROUND:

Dr. Christiana Baskaran, Director of Nursing has served as Program Director, ADN since 2015 after LACC had a consultant serving as DON during an extensive and lengthy search. Laura Berry Assistant Director and faculty member has served as Assistant Director since January 2016 and faculty since 2009. The Nursing Department has undergone multiple changes in the last 5 years with frequent turnovers of the campus President (x2), Vice President (x2) and Dean (x6 with 4 in the last 2 years). A regularly scheduled continuing approval visit was conducted on October 22, 23, and 24, 2019 by Nursing Education Consultants Loretta Melby and Dr. Heather Sands. During the visit, meetings were held with the program director, assistant director, students, faculty, support staff, administration, and visits to clinical facilities. A comprehensive review was completed of the self-study submitted by the program and the program provided additional materials for review including but not limited to faculty meeting minutes.

LACC currently has 143 students and is approved to enroll 50 students two times a year but is currently enrolling 40 students two times a year due to clinical impaction.

The program was found to be in non-compliance in four (4) areas (with one being a related section) at the time of this visit:

1. CCR Section 1424(d) Resources
2. (Related to section 1424(d)) CCR Section 1424 (d) In selecting a new clinical agency or facility for student placements
3. CCR 1424 (e) The director and the assistant director shall dedicate sufficient time for the administration of the program
4. CCR Section 1424(h) Faculty type and number

All as stated in the attached Report of Findings and detailed in the Consultant

Approval Report.

Six (6) recommendations (with two being related sections) were given for:

1. (related to 1424 (h)) CCR Section 1425(f) – Faculty Qualifications and Changes-Content Expert
2. CCR Section 1425.1(a) Faculty Responsibility – Planning and implementing curriculum content
3. (related to 1425.1 (a)) CCR Section 1424(b) –Policies and Procedures
4. CCR Section 1425.1 (b) Each faculty member shall participate in an orientation program
5. CCR Section 1425.1(d) Faculty Responsibilities – Clinical Competency.
6. CCR 1427 (b) A program that utilizes an agency or facility for clinical experience shall maintain written objectives for student learning in such facilities and shall assign students only to facilities that can provide the experience necessary to meet those objectives.

All as stated in the attached Report of Findings and detailed in the Consultant Approval Report.

The above areas of non-compliance are all related to lack of adequate resources, release time and support services needed to achieve the program's outcomes and support the student through their educational journey. It is important to note that the previous continuing approval visit in 2015 also had a noncompliance in section 3: sufficiency of resources. At that visit the DON did not teach on an overload assignment, ADON had a 50% release time (now 0.2% (1 day a week)) and had 3 more FT faculty with the same enrollment pattern of 40 x 2 annually.

The areas of recommendation are similarly related to the areas of noncompliance. These areas of recommendations are all programmatic responsibilities that have suffered due to lack of time and attention paid to them. The nursing administration, faculty, and support staff have had to divert their attention from other faculty responsibilities defined in regulation to covering theory and clinical times on an overload assignment and to serving the student by ensuring that their education is not affected by the program's lack of resources. The nursing program, through teamwork and dedication, has managed to meet the needs of the students and continue to improve the NCLEX pass rates with the latest at 96.72% . However, this is not sustainable with only 4 full-time faculty, not including the Director of Nursing, and 22 part time faculty. The stress of this workload is starting to show. There were reports of incivility between some faculty, a complaint to the BRN, and there have been 10 formal student grievances in last 5 years.

LACC faculty and staff have voiced the need for more faculty, a sim tech or sim coordinator, a clinical placement coordinator (CPC), increasing their Counselor/recruiter from a PT to a FT position and someone to assist with student success. During this visit the consultant discussed the need for replacing and filling all open or recently vacated positions and adding additional FT faculty positions with the Dean, the VP, and the President. We stressed the importance of not waiting

for the normal college hiring process and stated that these positions need to be filled prior to January 2020 if possible.

A progress note was received by LACC that was formulated by the Dean in consultation with the VP, President and DON that showed an action plan to address the 4 areas of noncompliance. (1) Sufficiency of resource: They have hired an FT instructional assistant that will manage the skills lab and will increase open lab from 16 hours a week to 40 hours a week. In lieu of hiring a student success coordinator and increase the Counselor/recruiter position from PT to FT, the school has suggested that the DON will work their counseling department to develop

strategies for student success and attrition and will have nursing faculty post their office hours. (2) Clinical placement needs: The school stated that they will increase the release time of the ADON from 0.2 to 0.4 and assign the 0.2 (1 day a week) to the management of clinical placement coordination needs and will not be hiring a Clinical placement coordinator (3) Adequate release time of DON and ADON:

They will increase the release time of the ADON from 0.2 to 0.4. The additional 0.2 has been allotted to address the need of the clinical placement coordinator role and in no way addresses the need to increase the release time of the ADON to facilitate the coordination of faculty responsibilities, curriculum revision, program evaluation, accreditation preparation, faculty onboarding and mentoring, or to ensure adequate succession planning. They have removed the overload teaching assignment from the DON. Therefore, there has been no suggested change to address this noncompliance, the DON will remain at 100% release time to manage the needs of the program with the ADON also remaining at 0.2 (1 day a week) to assist in these responsibilities. (4) Faculty: The school administration ensured the BRN that they evaluate the number of full-time faculty and the impact on the program through a Program Review and Effectiveness yearly. They will hire ONE faculty member for Mental Health in Spring to start in Fall 2020. Also stating that during the fall (2020), they will evaluate the impact of this new faculty member in the department for efficiency, reevaluate the need, and then decide future FT hiring needs. Note that the Mental Health position was a failed search last year and if

hired, will only increase the FT faculty from 4 to 5 and the last CAV in 2015 with the same enrollment pattern at 7 FT faculty.

Of additional important please understand that when the school addressed the other non-compliances above that they took away instructional time and reassigned that

to address these areas of non compliance. They did this by removing the overload teaching assignment from the DON, who taught Advanced Med Surg theory and oversaw the Clinical aspect of the preceptorship making site visits etc., they asked the 4 FT faculty to ensure that they are available for their posted office hours for Student Success instead of hiring a Student Success Coordinator or increasing the PT Counselor/Recruiter to a FT position, and they removed a 0.2 from the ADON's teaching assignment to cover the 0.2 they allotted for the CPC duties instead of hiring additional support services.

MOTION: **Michael Jackson:** Motion to Defer Action Until Further Progress Reports are Submitted.

SECOND: **Kenneth Malbrough**

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	Y	Y

No Public Comment

7.5 Recommend Continuing Approval for Approved Nursing Programs (Prelicensure), Holy Names University Baccalaureate Degree Nursing Program (BPC 2788, CCR 1421,1423) (Present)

BACKGROUND: Edith Jenkins-Weinrub, Ed.D, RN has been at HNU for the last 19 years. She became the LVN-BSN Program Director (PD) and then Chair for the Department of Nursing in June 2014 when the previous PD/Chair (2012-2014) accepted a promotional opportunity in another state. In 2018, the Department of Nursing became the School of Nursing(SoN). Dr. Jenkins-Weinrub served as Dean for the Math, Science and Nursing division for a year. As of 2019, Dr. Jenkins-Weinrub is the Dean for the School of Nursing (SoN) and the Math and Science is now its own separate division. HNU is CCNE accredited through 2022; the generic BSN degree option became CCNE accredited via the CCNE substantive change process in 2019. HNU is WASC accredited through 2024 as elaborated on later in the agenda item summary.

In November 2016 the BRN approved HNU's voluntary closure of the LVN to BSN degree option effective December 2016. This degree option was voluntarily eliminated by HNU when graduates failed to achieve the necessary annual NCLEX pass rates per CCR 1431 as described in previous HNU related ELC and Board documents. Key among those factors was a persistent pattern of program graduate delays in NCLEX first time testing, less rigorous program admission criteria, plus a series of leadership and faculty changes early in the implementation of the program of study 2012-2014. The November 2016 program closure Board action letter also approved HNU's identified intent to seek Board approval to establish a small generic BSN degree program via the Board's major curriculum change processes within five years of the date when the LVN to BSN degree program closed in December 2016.

Subsequently, HNU PD, Dr. Jenkins-Weinrub achieved BRN approval of the HNU generic BSN degree nursing program in November 2017. HNU obtained approval to offer an eight semesters year-round generic BSN degree nursing program beginning in Summer 2018 with an enrollment pattern for admission of up to 20 students once a year each Summer.

As designed and BRN approved, the program of study for the generic BSN degree option's first few program cohorts are made up of transfer students or other eligible applicants who had successfully completed the required pre-requisite and general education coursework for nursing program admission and met HNU's

more rigorous admission/GPA requirements, that made it possible for eligible program applicants to be admitted to the last four semesters in the generic BSN degree nursing major beginning in Summer 2018.

In Summer 2018, the first cohort of program students (N=12) entered the courses in the nursing major. As approved and anticipated, the first and second cohorts are made up of largely transfer students rather than students who have taken all the pre-requisite coursework at HNU. A total of ten students (N=10) completed all four semesters in the nursing major and graduated with a BSN degree in August 2019. One student in the first cohort originally, re-entered the program as part of the second program cohort of 15 students in Summer 2019.

By Summer 2020, HNU anticipates it will have up to 20 students admitted into the third program cohort that starts in the nursing major course series in Summer 2020 and graduates in August 2021.

HNU participates in the Bay Area CCPS Clinical Placement System but also works with non-participating Kaiser and Washington Hospital Systems individually to secure those clinical placements. No clinical placement/displacement issues have been identified/reported by the program or the clinical sites visited in July 2019.

Overall, the program estimates about 12% of clinical course hours are spent in simulation-based learning activities. Estimated total cost of the eight semesters program of study is \$158,304. The estimated costs, if only taking the four semesters in the nursing major, is \$79,152.

As of submission of this January 2020 ELC report, all 10 of the program's first generic BSN degree cohort graduates have taken the NCLEX RN exam and passed on first attempt. This means HNU's annual pass rate for the annual period July 1, 2019-June 30, 2020, will be 100% as there are no other generic BSN degree graduates that will take the NCLEX exam through June 30, 2020. The second cohort (15 students) is slated to graduate in August 2020. This cohort will most likely take the NCLEX exam in the October-December 2020 or January-March 2021 NCLEX quarters.

In Spring/Summer 2019 HNU was scheduled for the routine continuing approval visit of its pre-licensure and NP program options. A continuing approval visit of the newly established (Summer 2018) generic BSN degree option was conducted July 11-13, 2019 by Katie Daugherty, MN, RN, NEC. One area of non-compliance relative to CCR 1425, and 1425.1 Faculty/Faculty Qualifications was identified. Suggested areas to strengthen the program included CCR 1420 Definitions/CCR 1424 Program Administration/CCR 1425 Faculty; CCR 1426 Curriculum; and CCR 1428 Student Participation as described in the CAV consultant's report as attached.

During the CAV in July 2019 and as well as post visit, HNU was asked to provide written evidence/materials related to HNU's WASC/WSCUC accreditation status and any pertinent Department of Education (DOE) action letters. These documents are attached and summarized below.

- HNU's WASC/WSCUC July 2016 action letter acknowledged receipt of the March 2016 accreditation site visit report; reaffirmed HNU accreditation for **eight years**; scheduled a Special Visit for Spring 2019 to verify operationalization of a comprehensive retention plan; implementation of developed processes to generate report and analyze data relative to student retention and reasons students leave HNU after a second year of study; coordination of academic and student service programs to improve educational effectiveness; results of student success assessments; assessment of core competencies, general education and program level learning outcomes; evidence of improved and stable financial base reflected in part in the achievement of strategic enrollment goals; and regular evaluation of the president and succession plans for all key university leaders. Please refer to the attached WASC/WSCUC letter dated July 8, 2016.
- From April 21, 2017 until July 31, 2018, HNU was placed on Department of Education (DOE) Heightened Cash Monitoring 1 payment method/Zone reporting requirements when HNU's Financial Ratio Composite score was calculated by DOE to be 1.1 instead of the minimum score of 1.5 as required by regulations 34 C.F.R. 668.171 (b) (1). DOE identified the lower than required composite score was based on audit of the financial statements provided by HNU for FYE June 30, 2016. HNU's reporting deficiency (incorrect reporting of tuition revenue and deferred revenue) for FYE June 30, 2016 was identified by DOE in April 2017 (see attached documents). Effective July 31, 2018, DOE Federal Student Aid Office had reviewed HNU's June 30, 2017 financial statements and released HNU from the HCM1 Monitoring payment method and the Zone reporting requirements when HNU 2017 financial statement documents evidenced/yielded a composite score of 2.4 out of a possible 3.0. Since then, HNU has maintained a composite score of 1.5 or higher. In HNU's attached CAV November 2019 response, HNU reports its FY 18/19 composite score is 1.8. According to HNU report documents this score indicates HNU's financially viable according to the requirements set by the Federal Student Aid Office of the Department of Education. Please refer to the attached DOE letters dated April 21, 2017 and July 31, 2018 and the HNU's September WASC progress report and the November 2019 CAV Response documents.
- A pre-scheduled WASC/WSCUC Special Visit occurred in February 2019 to verify progress in the areas mentioned in the 2016 commission action letter. In July 2019 HNU received the WASC commission action letter confirming receipt of 2019 February Special Visit team report; reaffirming WASC/WSCUC for another six years through 2024. WASC action also

outlined the evidence to be included in HNU's September 30, 2019 progress report that was to include evidence of HNU's secured 30-years loan amount; HNU successfully attained \$49,000,0000 of California Municipal Financial Authority (CMFA), Revenue Bonds Series 2019 as fully executed on September 27, 2019. HNU has possession of the monies to pay off HNU's current line of credit and have an operating reserve to fund the HNU strategic institutional, enrollment and business plans as accepted by WASC. Please refer to the attached HNU's September 2019 WASC Progress Report documents.

- As of submission of this agenda item document packet, HNU has maintained its full WASC/WSCUC accreditation status through 2024 with the previously established reviews to occur according to the following schedule: Mid-cycle Review Spring 2020, Offsite Review Fall 2023 and Accreditation Visit Spring 2024. Please refer to the WASC website page printed on 12/18/19 as attached.

HNU has provided a written response to the CAV findings and submitted the required evidence correcting the area of non-compliance along with written documentation related to HNU's current WASC/WSCUC status/reports including HNU's institutional and program specific budgets evidencing financial viability for the next five years.

Presentation of HNU's CAV findings and submitted evidence of compliance is being made to provide BRN ELC committee members and the full Board ample opportunity to review HNU's submitted evidence in support of continuing approval for the next five years. The presentation today is the opportunity for Board members to speak directly with university representatives in relation to HNU's stable senior institutional leadership, sufficiency of resources as evidenced in the attached five years institutional and program specific budgets and compliance evidence documents.

MOTION:
SECOND:

Michael Jackson: Motion to Approve Baccalaureate Progress Report
Kenneth Malbrough

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	N	Y

No Public Comment

7.6

Recommend Continuing Approval for Approved Advanced Practice Program, Holy Names University FNP-MSN Nurse Practitioner and Post Master's Certificate FNP Nursing Programs Continuing Reapproval (CCR 1480) (Present)

BACKGROUND:

Aimee Paulson, DNP, FNP-BC, RN, has been the HNU FNP Program Director since Fall 2018. Dr. Paulson has been teaching at HNU since 2015. She replaced now retired former program director, Dr. Maria Mangini, FNP, RN, PhD. Dr. Edith Jenkins-Weinrub is the Dean of the HNU School of Nursing(SoN) and works collaboratively with the FNP program director to ensure compliance with Board, CCNE and WASC/WSCUC regulations, standards, and reporting requirements.

The FNP Program was first BRN approved in 1997. The MSN degree option is a six-seven semesters program of study and the Post Master's FNP Certificate program of study is six semesters since only select courses are offered in certain terms. Current program enrollment is 41 enrolled in the program. There are 27 in the first year and

14 second semester program students. Of the 41 enrolled in these two program options, (37) are FNP-MSN option students and (4) are Post Master's FNP Certificate students. The approved program enrollment pattern is twice a year admission of up to 35 students, Fall and Spring terms. Approved total program enrollment is up to 70

students at any one time. HNU is CCNE accredited through Spring 2022 and WASC/WSCUC accredited until 2024. Please refer to the latter part of this agenda item summary for further detail regarding WASC/WSCUC and Department of Education actions between 2016-2019.

On time program/degree completion rates for the last three years (24/29), (20/24), (15/17) have ranged from 82-88%. Program students are required to take the standardized national certification exams in preparation for taking the FNP national certification exam after graduation. Program national certification pass rates indicate the program has increased the number of graduates taking either the AANP or ANCC national FNP certification exams and pass rates have ranged from 75%-100% for those electing to take the national certification exam soon after program completion. HNU voluntarily subscribes to the national benchmarking program evaluation data collection, analysis, and reporting through EBI/Skyfactor and uses reported data for program improvement actions. The estimated cost of the FNP-MSN program option is \$50,592. The estimated cost of the Post Master's FNP Certificate option is \$34,782.

FNP program students and clinical agencies report satisfaction with the educational preparation and performance of program students and graduates, program orientation, and clinical preceptor orientation and precepted experiences. The program enjoys an excellent reputation in the communities it serves. Graduates have no difficulty finding FNP employment.

A continuing approval visit was conducted by K. Daugherty, NEC July 11-13, 2019. One area of non-compliance, CCR 1484 (d) (9) Curriculum was made. Three areas of suggested recommendations to strengthen the program (CCR 1484 (b) (3) Administration, CCR 1484 (c) Faculty, and CCR 1484 (d) (12) (P) Curriculum-Legal Aspects were identified as described in the attached agenda materials. The program corrected the one area of non-compliance immediately as described in the program's written response as attached.

During the CAV in July 2019 and as well as post visit, HNU was asked to provide written evidence/materials related to HNU's WASC/WSCUC accreditation status and any pertinent Department of Education (DOE) action letters. These documents are attached and summarized below.

- HNU's WASC/WSCUC July 2016 action letter acknowledged receipt of the March 2016 accreditation site visit report; reaffirmed HNU accreditation for **eight years**; scheduled a Special Visit for Spring 2019 to verify operationalization of a comprehensive retention plan; implementation of developed processes to generate report and analyze data

relative to student retention and reasons students leave HNU after a second year of study; coordination of academic and student service programs to improve educational effectiveness; results of student success assessments; assessment of core competencies, general education and program level learning outcomes; evidence of improved and stable financial base reflected in part in the achievement of strategic enrollment goals; and regular evaluation of the president and succession plans for all key university leaders. Please refer to the attached WASC/WSCUC letter dated July 8, 2016.

- From April 21, 2017 until July 31, 2018, HNU was placed on Department of Education (DOE) Heightened Cash Monitoring 1 payment method/Zone reporting requirements when HNU's Financial Ratio Composite score was calculated by DOE to be 1.1 instead of the minimum score of 1.5 as required by regulations 34 C.F.R. 668.171 (b) (1). DOE identified the lower than required composite score was based on audit of the financial statements provided by HNU for FYE June 30, 2016. HNU's reporting deficiency (incorrect reporting of tuition revenue and deferred revenue) for FYE June 30, 2016 was identified by DOE in April 2017 (see attached documents). Effective July 31, 2018, DOE Federal Student Aid Office had reviewed HNU's June 30, 2017 financial statements and released HNU from the HCM1 Monitoring payment method and the Zone reporting requirements when HNU 2017 financial statement documents evidenced/yielded a composite score of 2.4 out of a possible 3.0. Since then, HNU has maintained a composite score of 1.5 or higher. In HNU's attached CAV November 2019 response, HNU reports its FY 18/19 composite score is 1.8. According to HNU report documents this score indicates HNU's financially viable according to the requirements set by the Federal Student Aid Office of the Department of Education. Please refer to the attached DOE letters dated April 21, 2017 and July 31, 2018 and the HNU's September WASC progress report and the November 2019 CAV Response documents.
- A pre-scheduled WASC/WSCUC Special Visit occurred in February 2019 to verify progress in the areas mentioned in the 2016 commission action letter. In July 2019 HNU received the WASC commission action letter confirming receipt of 2019 February Special Visit team report; reaffirming WASC/WSCUC for another six years through 2024. WASC action also outlined the evidence to be included in HNU's September 30, 2019 progress report that was to include evidence of HNU's secured 30-years loan amount; HNU successfully attained \$49,000,0000 of California Municipal Financial Authority (CMFA), Revenue Bonds Series 2019 as fully executed on September 27, 2019. HNU has possession of the monies to pay off HNU's current line of credit and have an operating reserve to fund the HNU strategic institutional, enrollment and business plans as accepted by WASC. Please refer to the attached HNU's September 2019 WASC Progress Report documents.

- As of submission of this agenda item document packet, HNU has maintained its full WASC/WSCUC accreditation status through 2024 with the previously established reviews to occur according to the following schedule: Mid-cycle Review Spring 2020, Offsite Review Fall 2023 and Accreditation Visit Spring 2024. Please refer to the WASC website page printed on 12/18/19 as attached.

HNU has provided a written response to the CAV findings and submitted the required evidence correcting the area of non-compliance along with written documentation related to HNU's current WASC/WSCUC status/reports including HNU's institutional and program specific budgets evidencing financial viability for the next five years.

Presentation of HNU's CAV findings and submitted evidence of compliance is being made to provide BRN ELC committee members and the full Board ample opportunity to review HNU's submitted evidence in support of continuing approval for the next five years. The presentation today is the opportunity for Board members to speak directly with university representatives in relation to HNU's stable senior institutional leadership, sufficiency of resources as evidenced in the attached five year institutional and program specific budgets and compliance evidence documents.

MOTION:
SECOND:

Michael Jackson: Motion to Accept Family Nurse Practitioner Progress Report
Imelda Ceja-Butkiewicz

Votes	MJ	EW	DG	IC-B	KM
	Y	Y	Y	N	Y

No Public Comment

7.7
BACKGROUND:

Information Only: NCLEX Pass Rate Updates

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS—FIRST TIME CANDIDATES

January 1, 2019-December 31, 2019*/**

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED
California*	12,502	91.72
All States and Territories	171,374	88.18

CALIFORNIA NCLEX RESULTS—FIRST TIME CANDIDATES

By Quarters and Year January 1, 2019-December 31, 2019*/**

10/01/19- 09/30/19*		7/01/19- 6/30/19**		4/01/19- 3/31/19*		1/01/19- 12/31/19**		1/01/19- 12/31/19*/**	
l.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	%

3,733	93.52	1,835	88.94	5,288	93.32	1,646	85.60	12,502	91.72
-------	-------	-------	-------	-------	-------	-------	-------	--------	-------

/Includes (3),(0),(1) and (1) “re-entry” candidates; reflects 2016 NCLEX-RN Test Plan & Passing Standard effective April 1, 2016-March 31, 2019 and the 2019 Test Plan and Passing Standard effective April 1, 2019-March 31, 2022. Data Source: NCSBN/Pearson VUE reports as of 1/31/20. Note, NCSBN Pearson VUE report numbers reflect the most up-to-date and accurate numbers at the time the report is generated. Numbers in subsequent reports may vary/change based on NCSBN/Pearson VUE and or member board submitted corrections and the time the report is generated.*

****2019 NCLEX-RN Test Plan and Passing Standard:** *The detailed version of the 2019 NCLEX-RN Test Plan is now available on the NCSBN website at www.ncsbn.org. The 2019 NCLEX-RN Test Plan is effective April 1, 2019 through March 31, 2022. The NCLEX-RN Passing Standard will remain at the current level of 0.00 logit that was instituted effective April 1, 2013. This passing standard will remain effective through 3.31.2022. A logit is a unit of measurement to report relative differences between candidate ability estimates and exam item difficulties. The Next Generation NCLEX Project/FAQs/Resources/Talks & Videos/Webinars information is available at www.ncsbn.org/next-generation-nclex.htm.*

Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. When a program’s annual first-time candidate pass rate is below 75% for the academic year (July 1-June 30), the NEC sends the program written notice of non-compliance (per CCR 1431). The program submits a detailed written assessment of the factors contributing to the annual substandard pass rate along with a corrective action plan to improve the annual rate. The NEC summarizes the program’s NCLEX assessment and improvement action plans in the ELC/Board meeting materials per the 3/16 revision of the Licensing Examination Passing Standard EDP-I-29 document. If a second consecutive year of annual substandard performance occurs, a continuing approval visit will be scheduled within six months, and the NEC’s continuing approval visit findings reported to ELC with program representatives in attendance per EDP-I-29 as included in the Program Directors’ Handbook Section 8.

7.8 Licensing Program Update, Information Only.

LICENSING UPDATE:

The Licensing Program evaluators are currently processing the initial review of CA/US exam and endorsement applications received in late December. The Licensing Program is finalizing completion of the California fall 2019 graduation season. We continue to utilize the CloudDrive to receive electronic transcripts from all California programs with 100% participation from the California programs. The Fall 2019 California graduation applications were processed within 1-2 days of receiving electronic transcripts from schools. Additionally, out of state applicants can submit electronic transcripts, to the board, via third-party

vendors. The board consistently receives US electronic transcripts daily and this significantly cuts down on application processing time.

The board continues to use Quality Business Interactive Report Tool (QBIRT) and can create and run various reports upon request. The board utilizes custom reports to find areas of improvement in our processes, as well as better predict workflow fluctuations. The Licensing management team has been reviewing processing times statistics and have provided a comparison of average application processing times for the past three fiscal years and current fiscal year to date. During this past fiscal year, the Licensing Program was able to achieve a decrease in processing times of over 30 days for each application type. This is a direct result of the Board's continuous business process improvements, increased use of various technological advancements, modernization efforts, additional staffing and ongoing training.

The Average Processing Time statistics capture the processing time for Exam and Endorsement applications.

- Exam applications: Receipt of an application to approval of the applicant to exam
- Endorsement applications: Receipt of an application to licensure.

Licensing Average Processing Time Statistics				
Application Type				Fiscal Year 2019-2020
Exam	60.2	64.6	29.4	25.3
Endorsement	45.8	60.2	18.4	26.8

A new report we have created provides the average time from Exam to Licensure. In FY 18/19 on average 90% of the applicants who took and passed the exam were issued an RN license within 3 days of taking the exam.

Number of days from Exam Date to Licensure (Applicants Licensed by Exam)			
Number of Days	Fiscal Year 2016/2017 Total: 11,080	Fiscal Year 2017/2018 Total: 11,868	Fiscal Year 2018/2019 Total: 12,878
1	886	1261	5448
2	7036	7723	3931
3	1494	1089	2242
4	1375	1559	769
5	172	194	187
6	62	31	241
7	54	11	60

Licensing Applications Received table provides the total number of applications the board has received by fiscal year:

Licensing Applications Received				
Application Type				
Exams	16,879			
Endorsement	20,040			10,549
Repeat/Reapply	7,043			3,398
Advanced Practice	9,774			4,905
Total	53,736	45,097	42,584	27,084

The Licensing Unit and the Renewals Unit has been consolidated into one program, the Licensing Division. A total of two Program Technician IIs and one Program Technician I was moved over from the previous Renewals Unit and all renewals-related duties have been absorbed into the new Licensing Division.

Outgoing license verification requests, previously a renewals unit duty, are now a Licensing Division task. One of our top priorities upon the unit consolidation was improving the timeframe and process for outgoing license verifications. In November 2019, there were a total of over 3,000 open verification requests to be processed. As of today, there are approximately 1,000 requests to be processed. We have been able to reduce the timeframe by training additional staff to assist with the workload, as well as streamlining the process itself. Verifications are now being processed within 4-6 weeks of receipt and we will further improve this timeframe in the coming weeks. Due to the streamlined process, verifications will be able to be maintained by the originally assigned staff. In addition, the Licensing Division is currently recruiting for two additional Program Technician IIs, one of which will be assigned to assist with this workload.

Staffing Updates:

Currently the Licensing Division has three (3) vacancies due to newly established positions and staff movement.

As part of the reorganization of the Board and approval of BCP positions we established an additional US Evaluations unit. I would like to welcome Jessica Massello as the new Supervising Program Technician II of that new US Evaluations unit. Jessica has been with the Board since October 2018 working in the Licensing support unit. Welcome to the team Jessica.

8.0 Report of the Legislative Committee

Donna Gerber, Chairperson

Thelma Harris presented the report.

8.1 Discussion of Bills of Interest to the Board and Possible Vote to Recommend that the Board Adopt or Modify Positions on Bills Introduced during the 2019-2020 Legislative Session:

- [AB 329](#) (Rodriguez) Hospitals: assaults and batteries

- [AB 362](#) (Eggman) Controlled substances: overdose prevention program
- [AB 613](#) (Low) Professions and vocations: regulatory fees
- [AB 732](#) (Bonta) County jails: pregnant inmates
- [AB 890](#) (Wood) Nurse practitioners
- [AB 1145](#) (Cristina Garcia) Child abuse: reportable conduct
- [AB 1544](#) (Gipson/Gloria) Community Paramedicine or Triage to Alternate Destination Act
- [AB 1616](#) (Low) Department of Consumer Affairs: boards: expunged convictions
- [AB 1759](#) (Salas) Health care workers: rural and underserved areas
- [AB 1909](#) (Gonzalez) Healing arts licensees: virginity examinations or tests
- [AB 1917](#) (Ting) Budget Act of 2020
- [AB 1928](#) (Kiley/Melendez) Employment standards: independent contractors and employees
- [AB 1998](#) (Low) Dental Practice Act: unprofessional conduct: patient of record
- [AB 2028](#) (Aguiar-Curry) State agencies: meetings
- [AB 2185](#) (Patterson/Gallagher) Professions and vocations: applicants licensed in other states: reciprocity
- [AB 2549](#) (Salas) Department of Consumer Affairs: temporary licenses
- [AB 2704](#) (Ting) Healing Arts: licenses: data collection
- [AB 3016](#) (Dahle) Board of Registered Nursing: online license verification
- [AB 3244](#) (Flora) Nursing, vocational nursing, and psychiatric technicians: schools: examination fraud
- [SB 3](#) (Allen/Glazer) Office of Higher Education Coordination, Accountability, and performance
- [SB 808](#) (Mitchell) Budget Act of 2020
- [SB 878](#) (Jones) Department of Consumer Affairs Licensing: applications: wait times
- [SB 1053](#) (Moorlach) Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact
- [SB 1237](#) (Dodd) Nurse-Midwives: scope of practice

No Public Comment

9.0 Information Only: Complaint Intake, Intervention, Citation and Legal Desk

GENERAL UPDATE

BRN - DOI CASE PRIORITIZATION PILOT PROJECT

The BRN and DCA's Division of Investigation (DOI) one-year pilot project is continuing. This pilot project adjusted case referral guidelines for Quality of Care complaints that allege patient harm and/or patient death. Previously, these urgent priority complaints were referred only to DOI. The new pilot now directs nearly all direct patient care complaints to the BRN Investigation Unit, where they are handled as the most top priority investigations.

Since September thirty-two (32) investigation referrals have met the criteria for this pilot project.

COMPLAINT INTAKE UNIT UPDATE:

GENERAL UPDATE

I would like to introduce Jessica Perry as the new manager in the expanded Complaint Intake Unit. Jessica has an exemplary service record in the Complaint Intake Unit where she worked as an analyst since 2011. With Jessica's appointment, the BCP plan to expand from one to two Complaint Intake Units is now complete.

Complaint Intake is enjoying continued success with processing incoming complaints. Initial processing of complaints has averaged 2-to-3 days for the last six months. Complaint Intake staff are also moving new complaints to their respective investigation units very timely. On average, In-house desk investigations are moved to the investigation desk within two days; DOI referrals within 3 days, BRN Investigations within 6 days.

Sonya Wilson, Complaint Intake Manager, is a participating member of the DCA Expert Witness Program workgroup. This workgroup is designing a new training program for use with experts throughout DCA's enforcement programs.

COMPLAINT INTAKE UNIT STAFFING

Complaint Intake has two (2) OT vacancies. The recruitment is ongoing with plans to conduct interviews in January and February. There is one (1) AGPA vacancy due to a promotion. Interviews to fill the AGPA vacancy are scheduled for mid-January.

INTERVENTION, CITATION, AND LEGAL SUPPORT UPDATE:

GENERAL UPDATE

Maximus has been awarded the new contract for the administration of DCA's alternative to discipline recovery programs, including the BRN Intervention

Program. Maximus was the prior contractor for the BRN Intervention Program, and the transition has been seamless. Maximus has clearly communicated their plans to implement all contract deliverables and data reporting requirements by the January 1, 2020 start date.

Lorraine Clarke, Unit Manager, has initiated plans to recruit Intervention Evaluation Committee (IEC) Members and Nurse Support Group (NSG) Facilitators via the renewal application. Renewal applicants will be asked if they are interested in IEC or NSG service. Interested RN's will then be contacted by Intervention Unit staff. The hope is to better identify licensees interested in these critical positions. Changes to Breeze take a significant amount of time, and we expect changes to the application in late-spring to summer 2020.

INTERVENTION, CITATION AND LEGAL SUPPORT STAFFING

The unit is fully staffed.

9.1.1 Discussion and Possible Action Regarding Appointment of Intervention Evaluation Committee Member

BACKGROUND: In accordance with Business and Professions Code § [2770.2](#), Board of Registered Nursing is responsible for appointing persons to serve on an Intervention Evaluation Committee (IEC). Each IEC is composed of three registered nurses, one physician and one public member who possess knowledge and expertise in substance use disorder or mental health.

APPOINTMENT/REAPPOINTMENT:

Below are the names of the candidates being considered for appointment or reappointment to their respective IEC. Their applications and curriculum vitae are attached for the Board's consideration. If approved, their terms will expire as noted below.

Name	Title	IEC Location	Appointment Type
Ashley Schenkel	Public Member	7/San Jose	New Appointment

MOTION: **Imelda Ceja-Butkiewicz:** Motion to Recommend Approval
SECOND: **Michael Jackson**

Votes	MJ	EW	DG	IC-B	TP	KM
	Y	Y	Y	Y	Y	Y

No Public Comment

9.2 Information Only: Investigations Update

INVESTIGATION PROGRAM UPDATE:

The Investigation Unit Supervisors continue to work very closely to coordinate policy and procedure updates, so cases continue to move smoothly to meet the unit goals of completion within 240 days.

As the senior BRN Investigation Supervisor, Scarlett Treviso has been designated as the lead supervisor who will serve as the main liaison between BRN and DOI until the selection of a Supervising Special Investigator II is made.

STAFFING UPDATE

The BRN Investigation Unit has the following vacancies:

1 Supervising Special Investigator II position to oversee all BRN Investigations. The recruitment process was initiated in July 2019 and first interviews were held in August 2019. Second level executive interviews were held in October 2019. It was decided that a second statewide recruitment would be initiated. Recruitment efforts continue. It is unknown when this position will be filled.

1 Special Investigator position vacant in our Northern CA Unit. The recruitment process has been initiated to fill the position. The position should be filled by February.

BRN DOI CASE PRIORITIZATION PILOT PROJECT

BRN and DCA's Division of Investigation (DOI) continue to follow the one-year Pilot Program initiated in September 2019 that changed case referral guidelines for urgent priority Quality of Care complaints alleging significant patient harm and/or patient death.

Since September, approximately 22 cases that meet the new case referral guidelines have been referred to BRN Investigations.

The Pilot Program includes case tracking accountability measures so that BRN and DCA can closely monitor this critical caseload.

SUMMARY INVESTIGATION STATISTICS

As of December 16, 2019, the BRN Investigations staff have been assigned approximately 69% of all formal investigation case referrals while DOI are referred 31%. Specific information can be found in agenda item 9.4.

As of December 31, 2019, BRN has 12 and DOI has 128 open investigation cases over one year old.

No Public Comment

9.3

Information Only: Discipline and Probation Update

BACKGROUND:

PROBATION UNIT

The unit is fully staffed as of January 21, 2020. I would like to welcome our new probation manager, Jaspreet Pabla.

The Probation Unit is currently in the process of transitioning to a digital monitoring process. This process is one of many, to go green.

We are in the process of updating unit procedures which will incorporate our digital monitoring process.

The Probation Unit is now split into two separate units. Each manager having approximately 8 staff, including monitors and support staff.

The probation unit currently has 97 subsequent cases at the AG. Of those only 4 cases are over 2 years old and 18 that are 1-2 years old.

DISCIPLINE UNIT

As of January 6, 2020, the vacant Discipline OT position was filled, and the Discipline unit is fully staffed.

The Discipline Unit recently implemented a new letter, pursuant to Business and Professions Code section 820, Compelling Respondent to a Mental and/or Physical Exam. The update was to alleviate lack of clarity in the reports received back from examiners. This update was the result of a joint effort from Discipline unit staff, BRN management, and our AG Liaisons.

We continue to focus our efforts on aging cases, striving to meet the CPEI guideline of 540 days. Approximately 1/2 of our cases are completed within this timeframe.

The AG's office has also decreased their aging cases by 60 days in the last 6 months.

Currently the discipline unit has only 10 cases over 2 years old and 70 that are 1-2 years old. At this time last year we had 38 over 2 yrs old and 126 that were 1-2 years old.

9.4 Information Only: Enforcement and Intervention Statistics

BACKGROUND: Attached you will find data representing the entire enforcement process to include intake, intervention, investigation, citation and fine, discipline and probation.

Staff is prepared to answer any questions you may have.

10.0 No Public Comment Report of the Nursing Practice Committee

Elizabeth Woods, RN, Chairperson

10.1 Information About Physician Assistant: Practice Agreement: Supervision and changes, authorized by Senate Bill No 697, Chapter 707.

BACKGROUND:

Physician Assistant: Practice Agreement: Supervision
2018-2019 Legislative Session

Senate Bill 697, Chapter 707 (Caballero) Physician Assistant:
Practice agreement: Supervision.

An act to amend Sections 3500, 3501, 3502, 3502.1, 3502.3, 3509, 3516, 3518, 3527, and 3528 of, and to repeal Sections 3516.5, 3521, and 3522 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor October 9, 2019. Filed with Secretary of State October 9, 2019.]

THIS NEW LAW:

- Removes the requirement that the physician Assistant and Board make recommendations to the Medical Board of California concerning the formulation of guidelines for consideration and approval of applications by licensed physicians and surgeons to supervise physician assistants.
- Remove the requirement that the medical record identify the responsible supervising physician and surgeon and that those written guidelines for adequate supervision be established.
- Authorizes a Physician Assistant to perform medical services authorized by the Act as amended by Senate Bill No. 697, Chapter 707; if requirements are met, including that the medical services are rendered pursuant to a practice agreement as defined, and the Physician Assistant is competent to perform the medical services.
- The Act requires a practice agreement between a physician assistant and a physician and Surgeon to meet specified requirements and would require a practice agreement to establish policies and procedures to identify a physician and surgeon supervising a physician assistant rendering services in a general acute care hospital.
- The Act authorizes a physician assistant, under supervision of a physician and surgeon, to administer or provide medication to a patient, or transmit orally, or in writing on a patient's record or in a drug order, an order to a person who may be lawfully furnish the medication or medical device, subject to specified requirements.
- The Act revises and authorizes a physician assistant to furnish or order a drug or device subject to specified requirements, including that the furnishing or ordering be in accordance with the practice agreement and consistent with the physician assistant's education preparations for which clinical carpeting has

been established and maintained, and the physician and surgeon be available by the telephone or other electronic communication method at the time the physician assistant examines the patient.

- The Act authorizes the physician assistant to furnish or order schedule II and III controlled substances in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 3500 of the Business and Professions Code is amended to read: 3500.

In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this chapter a framework for another category of health manpower—the physician assistant.

The purpose of this chapter is to encourage the effective utilization of the skills of physicians and surgeons, and physicians and surgeons and podiatrists practicing in the same medical group practice, by enabling them to work with qualified physician assistants to provide quality care.

This chapter is established to encourage the coordinated care between physician assistants, physicians and surgeons, podiatrists, and other qualified health care providers practicing in the same medical group, and to provide health care services. It is also the purpose of this chapter to allow for innovative development of programs for the education, training, and utilization of physician assistants.

SEC. 2.

Section 3501 of the Business and Professions Code is amended to read:

3501.

As used in this chapter:

- (a) “Board” means the Physician Assistant Board.
- (b) “Approved program” means a program for the education of physician assistants that has been formally approved by the board.
- (c) “Trainee” means a person who is currently enrolled in an approved program.
- (d) “Physician assistant” or “PA” means a person who meets the requirements of this chapter and is licensed by the board.
- (e) “Supervising physician” or “supervising physician and surgeon” means a physician and surgeon licensed by the Medical Board of California or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation prohibiting the employment or supervision of a physician assistant.
- (f) (1) “Supervision” means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant. Supervision, as defined in this subdivision, shall not be construed to require the physical presence of the physician and surgeon, but does require the following:
 - (A) Adherence to adequate supervision as agreed to in the practice agreement.

(B) The physician and surgeon being available by telephone or other electronic communication method at the time the PA examines the patient.

(2) Nothing in this subdivision shall be construed as prohibiting the board from requiring the physical presence of a physician and surgeon as a term or condition of a PA's reinstatement, probation, or imposing discipline.

(g) "Regulations" means the rules and regulations as set forth in Division 13.8 (commencing with Section 1399.500) of Title 16 of the California Code of Regulations.

(h) "Routine visual screening" means noninvasive, nonpharmacological simple testing for visual acuity, visual field defects, color blindness, and depth perception.

(i) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

(j) "Organized health care system" includes a licensed clinic as described in Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code, an outpatient setting as described in Chapter 1.3 (commencing with Section 1248) of Division 2 of the Health and Safety Code, a health facility as described in Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, a county medical facility as described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code, an accountable care organization, a home health agency, a physician's office, a professional medical corporation, a medical partnership, a medical foundation, and any other entity that lawfully provides medical services and is in compliance with Article 18 (commencing with Section 2400) of Chapter 5.

(k) "Practice agreement" means the writing, developed through collaboration among one or more physicians and surgeons and one or more physician assistants, that defines the medical services the physician assistant is authorized to perform pursuant to Section 3502 and that grants approval for physicians and surgeons on the staff of an organized health care system to supervise one or more physician assistants in the organized health care system. Any reference to a delegation of services agreement relating to physician assistants in any other law shall have the same meaning as a practice agreement.

(l) "Other specified medical services" means tests or examinations performed or ordered by a PA practicing in compliance with this chapter or regulations of the board or the Medical Board of California promulgated under this chapter.

SEC. 3.

Section 3502 of the Business and Professions Code is amended to read:

3502.

(a) Notwithstanding any other law, a PA may perform medical services as authorized by this chapter if the following requirements are met:

(1) The PA renders the services under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California or by the Osteopathic Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

(2) The PA renders the services pursuant to a practice agreement that meets the requirements of Section 3502.3.

(3) The PA is competent to perform the services.

(4) The PA's education, training, and experience have prepared the PA to render the services.

(b) (1) Notwithstanding any other law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient-specific orders from a supervising physician and surgeon.

(2) A supervising physician and surgeon shall be available to the physician assistant for consultation when assistance is rendered pursuant to this subdivision. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c) Nothing in regulations shall require that a physician and surgeon review or countersign a medical record of a patient treated by a physician assistant, unless required by the practice agreement. The board may, as a condition of probation or reinstatement of a licensee, require the review or countersignature of records of patients treated by a physician assistant for a specified duration.

(d) This chapter does not authorize the performance of medical services in any of the following areas:

(1) The determination of the refractive states of the human eye, or the fitting or adaptation of lenses or frames for the aid thereof.

(2) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, or orthoptics.

(3) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.

(4) The practice of dentistry or dental hygiene or the work of a dental auxiliary as defined in Chapter 4 (commencing with Section 1600).

(e) This section shall not be construed in a manner that shall preclude the performance of routine visual screening as defined in Section 3501.

(f) Notwithstanding any other law, a PA rendering services in a general acute care hospital as defined in Section 1250 of the Health and Safety Code shall be supervised by a physician and surgeon with privileges to practice in that hospital. Within a general acute care hospital, the practice agreement shall establish policies and procedures to identify a physician and surgeon who is supervising the PA.

SEC. 4.

Section 3502.1 of the Business and Professions Code is amended to read:

3502.1.

In addition to the medical services authorized in the regulations adopted pursuant to Section 3502, and except as prohibited by Section 3502, a PA may furnish or order a drug or device subject to all of the following:

(a) The PA shall furnish or order a drug or device in accordance with the practice agreement and consistent with the PA's educational preparation or for which clinical competency has been established and maintained.

(b) (1) A practice agreement authorizing a PA to order or furnish a drug or device shall specify which PA or PAs may furnish or order a drug or device, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the PA's competence, including peer review, and review of the practice agreement.

(2) In addition to the requirements in paragraph (1), if the practice agreement authorizes the PA to furnish a Schedule II controlled substance, the practice agreement shall address the diagnosis of the illness, injury, or condition for which the PA may furnish the Schedule II controlled substance.

(c) The PA shall furnish or order drugs or devices under physician and surgeon supervision. This subdivision shall not be construed to require the physical presence of the physician and surgeon, but does require the following:

(1) Adherence to adequate supervision as agreed to in the practice agreement.

(2) The physician and surgeon be available by telephone or other electronic communication method at the time the PA examines the patient.

(d) (1) Except as provided in paragraph (2), the PA may furnish or order only those Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) that have been agreed upon in the practice agreement.

(2) The PA may furnish or order Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, in accordance with the practice agreement or a patient-specific order approved by the treating or supervising physician and surgeon.

(e) (1) The PA has satisfactorily completed a course in pharmacology covering the drugs or devices to be furnished or ordered under this section or has completed a program for instruction of PAs that meet the requirements of Section 1399.530 of Title 16 of the California Code of Regulations, as that provision read on June 7, 2019.

(2) A physician and surgeon through a practice agreement may determine the extent of supervision necessary pursuant to this section in the furnishing or ordering of drugs and devices.

(3) PAs who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, and who have not successfully completed a one-time course in compliance with Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall complete, as part of their continuing education requirements, a course that covers Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision. Evidence of completion of a course meeting the standards, including pharmacological content, established in Sections 1399.610 and 1399.612 of Title 16 of the California Code of Regulations, as those provisions read on June 7, 2019, shall be deemed to meet the requirements of this section.

(f) For purposes of this section:

(1) "Furnishing" or "ordering" shall include the following:

- (A) Ordering a drug or device in accordance with the practice agreement.
- (B) Transmitting an order of a supervising physician and surgeon.
- (C) Dispensing a medication pursuant to Section 4170.
- (2) “Drug order” or “order” means an order for medication that is dispensed to or for an ultimate user, issued by a PA as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations.
- (g) Notwithstanding any other law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of a supervising physician; (2) all references to “prescription” in this code and the Health and Safety Code shall include drug orders issued by physician assistants; and (3) the signature of a PA on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

SEC. 5.

Section 3502.3 of the Business and Professions Code is amended to read:

3502.3.

- (a) (1) A practice agreement shall include provisions that address the following:
 - (A) The types of medical services a physician assistant is authorized to perform.
 - (B) Policies and procedures to ensure adequate supervision of the physician assistant, including, but not limited to, appropriate communication, availability, consultations, and referrals between a physician and surgeon and the physician assistant in the provision of medical services.
 - (C) The methods for the continuing evaluation of the competency and qualifications of the physician assistant.
 - (D) The furnishing or ordering of drugs or devices by a physician assistant pursuant to Section 3502.1.
 - (E) Any additional provisions agreed to by the physician assistant and physician and surgeon.
- (2) A practice agreement shall be signed by both of the following:
 - (A) The physician assistant.
 - (B) One or more physicians and surgeons or a physician and surgeon who is authorized to approve the practice agreement on behalf of the staff of the physicians and surgeons on the staff of an organized health care system.
- (3) A delegation of services agreement in effect prior to January 1, 2020, shall be deemed to meet the requirements of this subdivision.
- (4) A practice agreement may designate a PA as an agent of a supervising physician and surgeon.
- (5) Nothing in this section shall be construed to require approval of a practice agreement by the board.
- (b) Notwithstanding any other law, in addition to any other practices that meet the general criteria set forth in this chapter or regulations adopted by the board or the Medical Board of California, a practice agreement may authorize a PA to do any of the following:
 - (1) Order durable medical equipment, subject to any limitations set forth in Section 3502 or the practice agreement. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) For individuals receiving home health services or personal care services, after consultation with a supervising physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.

(3) After performance of a physical examination by the PA under the supervision of a physician and surgeon consistent with this chapter, certify disability pursuant to Section 2708 of the Unemployment Insurance Code. The Employment Development Department shall implement this paragraph on or before January 1, 2017.

(c) This section shall not be construed to affect the validity of any practice agreement in effect prior to the effective date of this section or those adopted subsequent to the effective date of this section.

SEC. 6.

Section 3509 of the Business and Professions Code is amended to read:
3509.

It shall be the duty of the board to:

(a) Establish standards and issue licenses of approval for programs for the education and training of physician assistants.

(b) Make recommendations to the Medical Board of California concerning the scope of practice for physician assistants.

(c) Require the examination of applicants for licensure as a physician assistant who meet the requirements of this chapter.

SEC. 7.

Section 3516 of the Business and Professions Code is amended to read:
3516.

(a) Notwithstanding any other provision of law, a physician assistant licensed by the board shall be eligible for employment or supervision by a physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.

(b) Except as provided in Section 3502.5, a physician and surgeon shall not supervise more than four physician assistants at any one time.

(c) The Medical Board of California may restrict a physician and surgeon to supervising specific types of physician assistants including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon.

SEC. 8.

Section 3516.5 of the Business and Professions Code is repealed.

SEC. 9.

Section 3518 of the Business and Professions Code is amended to read:
3518.

The board shall keep a current register for licensed PAs, if applicable. The register shall show the name of each licensee, the licensee's last known address of record, and the date of the licensee's licensure. Any interested person is entitled to obtain a copy of the register in accordance with the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of

Division 3 of the Civil Code) upon application to the board together with a sum as may be fixed by the board, which amount shall not exceed the cost of this list so furnished.

SEC. 10.

Section 3521 of the Business and Professions Code is repealed.

SEC. 11.

Section 3522 of the Business and Professions Code is repealed.

SEC. 12.

Section 3527 of the Business and Professions Code is amended to read:

3527.

(a) The board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a PA license after a hearing as required in Section 3528 for unprofessional conduct that includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(b) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, an approved program after a hearing as required in Section 3528 for a violation of this chapter or the regulations adopted pursuant thereto.

(c) The Medical Board of California may order the imposition of probationary conditions upon a physician and surgeon's authority to supervise a PA, after a hearing as required in Section 3528, for unprofessional conduct, which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

(d) The board may order the denial of an application for, or the suspension or revocation of, or the imposition of probationary conditions upon, a PA license, after a hearing as required in Section 3528 for unprofessional conduct that includes, except for good cause, the knowing failure of a licensee to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the Osteopathic Medical Board of California, the Podiatric Medical Board of California, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(e) The board may order the licensee to pay the costs of monitoring the probationary conditions imposed on the license.

(f) The expiration, cancellation, forfeiture, or suspension of a PA license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

SEC. 13.

Section 3528 of the Business and Professions Code is amended to read:
3528.

Any proceedings involving the denial, suspension, or revocation of the application for licensure or the license of a PA or the application for approval or the approval of an approved program under this chapter shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 14.

The provisions of this measure are severable. If any provision of this measure or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 15.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

No Public Comment

11.0

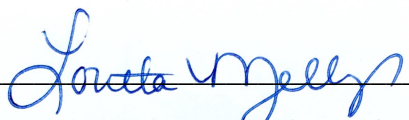
Note: The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting. (Gov. Code, §§ 11125 and 11125.7, subdivision (a).)

No Public Comment

12.0

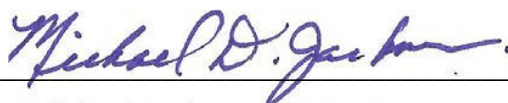
Adjournment

The meeting adjourned at 11:05 am.



Loretta Melby, RN, MBA, NEC

Acting Executive Officer



Michael Jackson, RN, MSN, MICN

Board President